



## **Mental Health and Emotional Wellbeing Policy**

Policy owner/author	T Harding
Approved by	<b><u>Headteacher</u></b>
Statutory policy	<b><u>No</u></b>
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Related policies	

### **Version History Log**

<b>Date</b>	<b>Version</b>	<b>Comments/Summary of changes</b>
<b><u>01/02/2023</u></b>	2	Update to key staff Updated links to school website Appendix 4 added

***'Learning for life' with Jesus' promise of 'life in all its fullness' is at the heart of St Mary's. At our school, children are seen as unique and will feel loved, safe and empowered to flourish so they reach their full potential both academically and personally.***

## **Our Vision for Mental Health and Emotional Wellbeing**

At St Mary's, we understand wellbeing as a state of being comfortable, healthy and happy. We strive and are committed to creating an environment that provides excellent mental health support, understanding and intervention so that our children can flourish and reach their full potential, both personally and academically.

We believe that each child and member of the school community is unique. Our Christian values of kindness, courage and trust are at the heart of all decisions we make within our school to support the mental health and emotional wellbeing of our children, staff and community.

## **Policy Intent**

At St Mary's Church of England Primary School, we are committed to promoting positive mental health and emotional wellbeing for all children and members of our school community. Our open and nurturing environment allows children's voices to be heard, and through the use of effective policies and procedures, we ensure a safe and supportive environment for all affected – both directly and indirectly – by mental health issues.

## **Policy Aims**

- Promote positive mental health and emotional wellbeing in all children and staff.
- Increase understanding and awareness of common mental health issues.
- Enable staff to identify and respond to early warning signs of mental ill health in children.
- Provide support to staff working with young people with mental health issues.
- Provide support to pupils experiencing mental ill health and their parents/ carers.

## **Lead Members of Staff**

- Mrs Jackie Chambers: Headteacher and Designated Safeguarding Lead (DSL)
- Mrs Tiffany Harding: Deputy Headteacher, Wellbeing Lead and Deputy DSL
- Mrs Georgie Tongue: SENCO and Deputy DSL
- Mrs Laura Merrick: Home School Link Worker and Deputy DSL
- Miss Sophie Barnes: ELSA

Any member of staff who is concerned about the mental health or emotional wellbeing of a pupil should speak to a DSL or SENCO in the first instance. If there is a fear that the pupil is in danger of immediate harm, then the normal safeguarding procedures should be followed.

Where a referral to the Child and Adolescents Mental Health Service (CAMHS) is appropriate, this will be led and managed by the SENCO, Home School Link Worker or a DSL in liaison and partnership with the child's parents/ carers and where appropriate, the school nurse or their GP.

## **Risk Assessments**

Where appropriate, it may be helpful to draw up a risk assessment for pupils causing concern or who receive a diagnosis pertaining to their mental health. This should be drawn up with involvement from the pupil, the parents/ carers and the relevant mental health professions. This will include:

- Details of the child's behaviours and/or condition.
- De-escalation strategies and/or special requirements and precautions.
- Medication and any side effects.
- What to do and who to contact if concerns arise or in an emergency.

A template is included in Appendix One.

## **Teaching about Mental Health and Emotional Wellbeing**

The skills, knowledge and understanding needed by our pupils to keep themselves - and others - physically and mentally healthy and safe are included as part of our PSHE curriculum and through other areas of the curriculum also.

For PSHE, we follow Coram Life Education's SCARF curriculum. Scarf's whole-school approach supports us in promoting positive behaviour, mental health, emotional wellbeing, resilience and achievement. Our PSHE learning is organised under the following headings:

- Me and My Relationships
- Valuing Difference
- Keeping Myself Safe
- Rights and Responsibilities
- Being my Best
- Growing and Changing

Learning about mental health and emotional wellbeing is woven through our PSHE curriculum and through other subjects also.

In addition to our PSHE curriculum, each class has additional PSHE sessions each week, tailored to the needs of the children in the class.

## **Signposting**

We will ensure that staff, children and parents/carers are aware of the support and services available to them, and how they can access these. Within the school and through our communication channels (newsletter, website), we will share relevant information about local and national support services and events. Information can also be found on our school [website](#).

Where a child or their parent/ carer has identified a need for support, we will ensure that we make them aware of:

- What help is available
- How to access it
- Why to access it
- What is likely to happen next.

Information about out pathways of support can be found in Appendix Four.

## **Warning Signs**

School staff may become aware of warning signs which indicate a child is experiencing mental health or emotional wellbeing issues. These warning signs should be taken seriously and staff observing any of these warning signs should communicate their concerns with a DSL and/or SENCO. This should be done verbally and through the use of CPOMS, using the 'Cause for Concern: Emotional Wellbeing and Metal Health' category.

Possible warning signs include:

- Physical signs of harm that are repeated or appear non-accidental.
- Changes in eating or sleeping habits
- Increased isolation from friends or family, becoming socially withdrawn
- Changes in activity and mood
- Changes in family circumstances e.g. bereavement or separation
- Lowering of academic achievement
- Talking or joking about self-harm or suicide
- Expressing feelings of failure, uselessness or loss of hope
- Inappropriate clothing e.g. long sleeves in warm weather
- Secretive behaviour
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism

## **Managing disclosures and confidentiality**

A child may choose to disclose concerns about themselves or a friend to any member of staff so all staff need to know how to respond appropriately to such a disclosure. Refer to our Child Protection and Safeguarding Policy for further details on managing disclosures.

If a child chooses to disclose concerns about their own mental health or that of a friend to a member of staff, that member of staff's response should be calm, supportive and non-judgemental.

Staff should listen rather than advise and the first thoughts should be of the child's emotional and physical safety rather than of exploring 'why?' For more information about how to handle mental health disclosures sensitively, see Appendix Three.

We will be honest with regard to the issue of confidentiality. If it is necessary for us to pass on our concerns about a child the we will discuss with the child:

- Who we will talk to
- What we are going to tell them

- Why we need to tell them

All disclosures should be recorded on CPOMS in-line with our safeguarding procedures. All disclosures should be tagged under 'Cause for Concern: mental health and emotional wellbeing.' This will share the concern with the DSL team who will offer support and advice about next steps.

It is always advisable to share any type of disclosure with a member of the DSL Team as this helps to safeguard the member of staff's own emotional wellbeing as an individual is no longer solely responsible for the child. It also ensures continuity of care and provides an extra source of support.

### **Targeted Support**

We recognise some children are at greater risk of experiencing poorer mental health. For example, those who are in care, young carers, those who have had previous access to CAMHS, those with a family history of poor mental health and those living in households experiencing domestic violence.

We ensure timely and effective identification of children who would benefit from targeted support and ensure appropriate referral to support services by:

- Identifying children who are showing early signs of anxiety, emotional distress, or behavioural problems.
- Providing specific help for those children most at risk (or already showing signs) of social, emotional and behavioural problems.
- Working with Children's Services, CAMHS and other agencies to follow protocols, including assessment and referral.
- Discussing options for tackling these problems with the child and their parents/ carers.
- Providing a range of interventions.
- Provide children with clear and consistent information about the opportunities available for them to discuss personal issues and emotional concerns.
- Provide children with opportunities to build relationships, particularly those who may find it difficult to seek support when they need it.

### **Supporting Families**

We recognise the family plays a key role in influencing children's mental health and emotional wellbeing. In order to support parents, we will:

- Highlight sources of information and support about mental health and emotional wellbeing on our school website.
- Support parents/ carers to access sources of further support.
- Ensure that all parents/ carers are aware of who to talk to, and how to do this, if they have concerns about their child.
- Make our Mental Health and Emotional policy easily accessible to parents.
- Share ideas about how parents can support positive mental health in their children.

## **Working with other agencies and partners**

As part of our targeted provision, the school will work with other agencies to support children's mental health and emotional wellbeing including:

- Education psychology services
- Behaviour support
- CAMHS
- Counselling services such as the Matthew Hackney Foundation.
- Family support workers
- Therapists (e.g. play therapist).
- Charities (e.g. Your Sanctuary)

## **Mental Health and Emotional Wellbeing in Staff**

At St Mary's Church of England Primary School, we recognise that anyone can experience mental health issues for various reasons which may be out of their control. There may also be work-related factors that could contribute to poor mental health, such as work/ life imbalance, workload pressure or poor working conditions. To every extent possible, we aim to recognise and address cases of workplace pressures that contribute to mental health issues. We aim to:

- Treat staff mental illness seriously.
- Proactively support resolution of issues causing concern.
- Support staff members who face mental health problems.
- Create a pleasant, kind and nurturing workplace.
- Encourage communication.

# Appendix One: Mental Health and Emotional Wellbeing Risk Assessment



<b>Name</b>		<b>Class</b>	
<b>Summary of Mental Health and Emotional Wellbeing Needs:</b>			
<b>Details of any medications and associated side effects (if applicable):</b>			
<b>Summary of Mental Health and Emotional Wellbeing Needs:</b>			
<b>Details of any medications and associated side effects (if applicable):</b>			
<b>Potential Triggers:</b>		<b>Strategies (including de-escalation strategies):</b>	
1.		1.	
2.		2.	
3.		3.	
<b>Signs to look out for:</b>		<b>Strategies:</b>	
1.		1.	
2.		2.	
3.		3.	
<b>Any additional special requirements or precautions:</b>			
1.			
2.			
3.			
<b>Emergency Contact</b>		<b>Risk Assessment Review Date</b>	

DSL: Parent / Carer:  
 Name (please print): Name (please print):  
 Date: Date:

Hart Road, Byfleet, Surrey, KT14 7NU  
 01932 410300  
[info@stmarys-byfleet.surrey.sch.uk](mailto:info@stmarys-byfleet.surrey.sch.uk)  
[www.stmarys-byfleet.surrey.sch.uk](http://www.stmarys-byfleet.surrey.sch.uk)  
 Headteacher: Mrs J Chambers

## Appendix Two

### Further information and sources of support about common mental health issues

#### Prevalence of Mental Health and Emotional Wellbeing Issues:

- 1 in 10 children and young people aged 5 - 16 suffer from a diagnosable mental health disorder - that is around three children in every class;
- Between 1 in every 12 and 1 in 15 children and young people deliberately self-harm;
- There has been a big increase in the number of young people being admitted to hospital because of self-harm. Over the last ten years this figure has increased by 68%;
- More than half of all adults with mental health problems were diagnosed in childhood. Less than half were treated appropriately at the time;
- Nearly 80,000 children and young people suffer from severe depression;
- The number of young people aged 15-16 with depression nearly doubled between the 1980s and the 2000s;
- Over 8,000 children aged under 10 years old suffer from severe depression;
- 3.3% or about 290,000 children and young people have an anxiety disorder;
- 72% of children in care have behavioural or emotional problems - these are some of the most vulnerable people in our society.

Below we have signposted information and guidance about the issues most commonly seen in school-aged children. The links will take you through to the most relevant page of the listed website. Some pages are aimed primarily at parents but may also be useful for school staff.

Support on all of these issues can be accessed via Young Minds ([www.youngminds.org.uk](http://www.youngminds.org.uk)), Mind ([www.mind.org.uk](http://www.mind.org.uk)) and, for e-learning opportunities, Minded ([www.minded.org.uk](http://www.minded.org.uk)).

#### Self-harm

Self-harm describes any behaviour where a young person causes harm to themselves in order to cope with thoughts, feelings or experiences they are not able to manage in any other way. It most frequently takes the form of cutting, burning or non-lethal overdoses in adolescents, while younger children and young people with special needs are more likely to pick or scratch at wounds, pull out their hair or bang or bruise themselves.

#### Online support

SelfHarm.co.uk: [www.selfharm.co.uk](http://www.selfharm.co.uk)

National Self-Harm Network: [www.nshn.co.uk](http://www.nshn.co.uk)

#### Books

Pooky Knightsmith (2015) *Self-Harm and Eating Disorders in Schools: A Guide to Whole School*



***Support and Practical Strategies***. London: Jessica Kingsley Publishers

Keith Hawton and Karen Rodham (2006) ***By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents***. London: Jessica Kingsley Publishers

Carol Fitzpatrick (2012) ***A Short Introduction to Understanding and Supporting Children and Young People Who Self-Harm***. London: Jessica Kingsley Publishers

## **Depression**

Ups and downs are a normal part of life for all of us, but for someone who is suffering from Depression, these ups and downs may be more extreme. Feelings of failure, hopelessness, numbness or sadness may invade their day-to-day life over an extended period of weeks or months, and have a significant impact on their behaviour and ability and motivation to engage in day-to-day activities.

### **Online support**

Depression Alliance: [www.depressionalliance.org/information/what-depression](http://www.depressionalliance.org/information/what-depression)

### **Books**

Christopher Dowrick and Susan Martin (2015) ***Can I Tell you about Depression?: A guide for friends, family and professionals***. London: Jessica Kingsley Publishers

## **Anxiety, panic attacks and phobias**

Anxiety can take many forms in children and young people, and it is something that each of us experiences at low levels as part of normal life. When thoughts of anxiety, fear or panic are repeatedly present over several weeks or months and/or they are beginning to impact on a young person's ability to access or enjoy day-to-day life, intervention is needed.

### **Online support**

Anxiety UK: [www.anxietyuk.org.uk](http://www.anxietyuk.org.uk)

### **Books**

Lucy Willetts and Polly Waite (2014) ***Can I Tell you about Anxiety?: A guide for friends, family and professionals***. London: Jessica Kingsley Publishers

Carol Fitzpatrick (2015) ***A Short Introduction to Helping Young People Manage Anxiety***. London: Jessica Kingsley Publishers

## **Obsessions and compulsions**

Obsessions describe intrusive thoughts or feelings that enter our minds which are disturbing or upsetting; compulsions are the behaviours we carry out in order to manage those thoughts or feelings. For example, a young person may be constantly worried that their house will burn down if they don't turn off all switches before leaving the house. They may respond to these thoughts by repeatedly checking switches, perhaps returning home several times to do so. Obsessive compulsive disorder (OCD) can take many forms – it is not just about cleaning and checking.

### **Online support**

OCD UK: [www.ocduk.org/ocd](http://www.ocduk.org/ocd)

## **Books**

Amita Jassi and Sarah Hull (2013) ***Can I Tell you about OCD?: A guide for friends, family and professionals.*** London: Jessica Kingsley Publishers

Susan Conners (2011) ***The Tourette Syndrome & OCD Checklist: A practical reference for parents and teachers.*** San Francisco: Jossey-Bass

## **Eating problems**

Food, weight and shape may be used as a way of coping with, or communicating about, difficult thoughts, feelings and behaviours that a young person experiences day to day. Some young people develop eating disorders such as anorexia (where food intake is restricted), binge eating disorder and bulimia nervosa (a cycle of bingeing and purging). Other young people, particularly those of primary or pre-school age, may develop problematic behaviours around food including refusing to eat in certain situations or with certain people. This can be a way of communicating messages the child does not have the words to convey.

## **Online support**

Beat – the eating disorders charity: [www.b-eat.co.uk/about-eating-disorders](http://www.b-eat.co.uk/about-eating-disorders)

## **Books**

Bryan Lask and Lucy Watson (2014) ***Can I tell you about Eating Disorders?: A Guide for Friends, Family and Professionals.*** London: Jessica Kingsley Publishers

Pooky Knightsmith (2015) ***Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies.*** London: Jessica Kingsley Publishers

Pooky Knightsmith (2012) ***Eating Disorders Pocketbook.*** Teachers' Pocketbooks

## **Appendix Three**

### **Talking to pupils when they make mental health disclosures**

Below is some advice and ideas to help you in initial conversations with children when they disclose mental health concerns. This advice should be considered alongside relevant school policies (e.g. Child Protection and Safeguarding) and any disclosures should be logged on CPOMS and discussed with a member of the DSL Team.

#### **Focus on listening**

If a child has come to you, it's because they trust you and feel a need to share their difficulties with someone. Let them talk. Ask occasional open questions if you need to in order to encourage them to keep exploring their feelings and opening up to you. Just letting them pour out what they're thinking will make a huge difference and marks a huge first step in recovery. Up until now they may not have admitted even to themselves that there is a problem.

#### **Don't talk too much**

The child should be talking at least three quarters of the time. If that's not the case, then you need to redress the balance. You are here to listen, not to talk. Sometimes the conversation may lapse into silence. Try not to give in to the urge to fill the gap, but rather wait until the child does so. This can often lead to them exploring their feelings more deeply. Of course, you should interject occasionally, perhaps with questions to the pupil to explore certain topics they've touched on more deeply, or to show that you understand and are supportive. Don't feel an urge to over-analyse the situation or try to offer answers. This all comes later. For now, your role is simply one of supportive listener. So make sure you're listening!

#### **Don't pretend to understand**

The concept of a mental health difficulty, such as an eating disorder or obsessive-compulsive disorder (OCD), can seem completely alien if you've never experienced these difficulties first hand. You may find yourself wondering why on earth someone would do these things to themselves, but don't explore those feelings with the sufferer. Instead listen hard to what they're saying and encourage them to talk and you'll slowly start to understand what steps they might be ready to take in order to start making some changes.

#### **Don't be afraid to make eye contact**

It's important to try to maintain a natural level of eye contact (even if you have to think very hard about doing so and it doesn't feel natural to you at all). If you make too much eye contact, the child may interpret this as you staring at them. They may think that you are horrified about what they are saying or think they are a 'freak'. On the other hand, if you don't make eye contact at all then a child may interpret this as you being disgusted by them – to the extent that you can't bring yourself to look at them. Making an effort to maintain natural eye contact will convey a very positive message to the child.

#### **Offer support**

Never leave this kind of conversation without agreeing next steps. These will be informed by your conversations with appropriate colleagues and the schools' policies on such issues. Whatever happens, you should have some form of next steps to carry out after the conversation because this will help the child to realise that you're working with them to move things forward.

#### **Acknowledge how hard it is to discuss these issues**

It can take a child weeks or even months to admit they have a problem to themselves, let

alone share that with anyone else. If a child chooses to confide in you, you should feel proud and privileged that they have such a high level of trust in you. Acknowledging both how brave they have been, and how glad you are they chose to speak to you, conveys positive messages of support to the child.

### **Don't assume that an apparently negative response is actually a negative response**

Despite the fact that a child has confided in you, and may even have expressed a desire to get on top of their illness, that doesn't mean they'll readily accept help. The illness may ensure they resist any form of help for as long as they possibly can. Don't be offended or upset if your offers of help are met with anger, indifference or insolence, it's the illness talking, not the child.

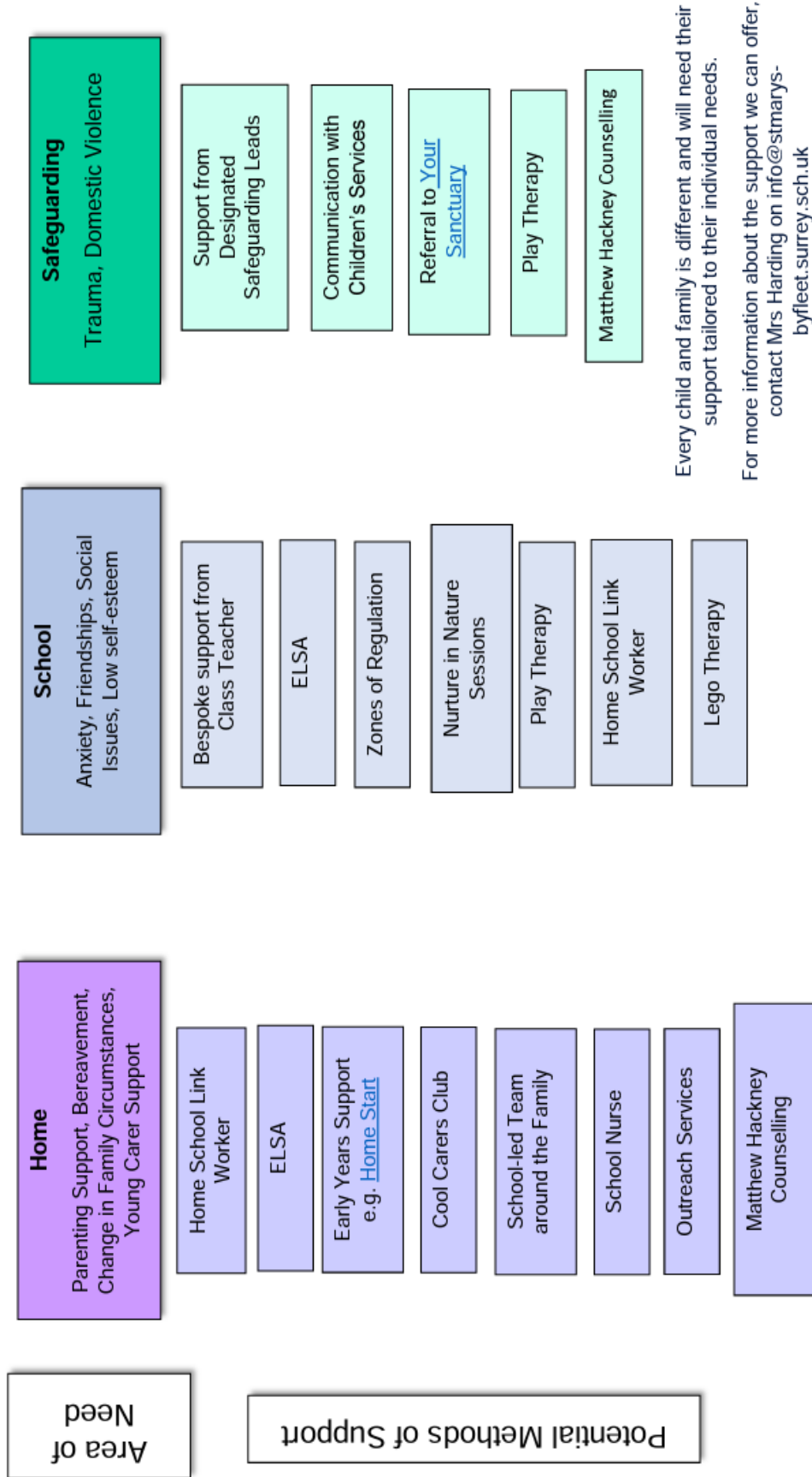
### **Never break your promises**

Above all else, a child wants to know they can trust you. That means if they want you to keep their issues confidential and you can't then you must be honest. Explain that, whilst you can't keep it a secret, you can ensure that it is handled within the school's policy of confidentiality and that only those who need to know about it in order to help will know about the situation. You can also be honest about the fact you don't have all the answers or aren't exactly sure what will happen next. Consider yourself the child's ally rather than their saviour and think about which next steps you can take together, always ensuring you follow relevant policies and consult appropriate colleagues.



# Mental Health and Emotional Wellbeing Pathways

At St Mary's, we are able to support the mental health and emotional wellbeing needs of your child and/or family in a variety of ways, depending on the need. The document shows examples of support we can put in place.



Every child and family is different and will need their support tailored to their individual needs.  
 For more information about the support we can offer, contact Mrs Harding on [info@stmarys-byfleet.surrey.sch.uk](mailto:info@stmarys-byfleet.surrey.sch.uk)